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CONFIDENTIAL
FACSIMILE TRANSMITTAL SHEET**DATE SENT:** April 25, 2005**DELIVER TO:**Name: Examiner Cornelius JacksonCompany: USPTO / GAU 2828Fax No: 703-872-9306**FROM:** Randy W. Lacasse**YOUR FILE:** 09/884,147

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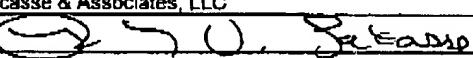
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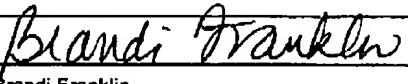
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/884,147
		Filing Date	6/20/01
		First Named Inventor	AIKIYO, TAKESHI
		Art Unit	2828
		Examiner Name	Cornelius Jackson
Total Number of Pages in This Submission		Attorney Docket Number	FP 672 US(CIP)/PCT

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Lacasse & Associates, LLC		
Signature			
Printed name	Randy W Lacasse		
Date	April 25, 2005	Reg. No.	34368

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Brandi Franklin	Date	April 25, 2005

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In Re Patent Application Of: Aikiyo et al. Our File No: FP 672 US(CIP)/PCT
Application No: 09/884,147 Art Unit: 2828
Filing Date: 06/20/2001 Examiner: Jackson, Cornelius H
Title: Semiconductor Laser Module, and Method for Driving the Semiconductor Laser Module

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, U.S.A.

Amendment

Sir,

This is in response to the Office Action mailed on January 27, 2005. Would the Office kindly amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.